

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



October 17, 2000

ALL-COUNTY LETTER NO. 00-73

TO: ALL-COUNTY WELFARE DIRECTORS

Reason For This Transmittal

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by one or More Counties
- ☒ Initiated by CDSS

**SUBJECT: OVERPAYMENTS/UNDERPAYMENTS IN THE CASH  
ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)**

**REFERENCE: ACL 98-82 and ACL 99-106**

The purpose of this All-County Letter (ACL) is to provide counties with policies and procedures related to calculating, and notifying recipients of CAPI overpayments and underpayments, as well as overpayment recovery.

**BACKGROUND**

State law (Welfare and Institutions Code Section 18940) requires, with limited exceptions, that the federal and State laws governing the Supplemental Security Income/State Supplementary Payment (SSI/SSP) program must also govern CAPI. Accordingly, the substantive federal laws governing SSI/SSP overpayments must also govern CAPI overpayments. Specifically, the federal overpayment provisions that allow for waiver of SSI overpayment recovery will also apply to CAPI overpayments. These provisions are found in Code of Federal Regulations 20 (20 CFR) Section 416.550, which states:

“Waiver of adjustment or recovery of an overpayment of SSI benefits may be granted when (EXCEPTION: This section does not apply to a sponsor of an alien):

(a) The overpaid individual was without fault in connection with an overpayment, and

(b) Adjustment or recovery of such overpayment would either:

(1) Defeat the purpose of title XVI, or

(2) Be against equity and good conscience, or

(3) Impede efficient or effective administration of title XVI due to the small amount involved.”

## **DEFINITIONS**

The following definitions apply when a county is determining, notifying a recipient, or recovering CAPI overpayments.

### Overpayment:

Payment of more than the amount due for any period. This includes CAPI payments made during a period for which an individual is later determined eligible for SSI/SSP and for which the state or county does not receive federal reimbursement. Payments made on the basis of presumptive disability or blindness are not considered overpayments when an individual is finally determined to be not disabled or blind.

### Underpayment:

Payment of less than the amount due for any period.

### Netting:

The computation process used to balance overpayments against underpayments for the period under review.

### Waiver (Of Adjustment Or Recovery):

Relief from the obligation of the overpaid person and eligible spouse (and the person's estate after his or her death) to repay the amount of the overpayment covered by the waiver.

### Without Fault:

The absence of fault in connection with causing or accepting the overpayment. The overpaid individual is not without fault solely because the county or the State may have been at fault in causing the overpayment.

## **OVERPAYMENT/UNDERPAYMENT PROCESS**

The first step in determining if an overpayment occurred and the amount of the overpayment is to compare the amounts due and paid for the month(s) in question. The comparison will normally be made during the redetermination process, but it could be done at any time a change is reported or a case is reviewed. All overpayments and underpayments during the review period are netted against each other to arrive at a net overpayment or underpayment. All case files must contain documentation of the over-

or underpaid amount(s), the month(s) reviewed, the reason for the over- or underpayment(s), and the action taken.

The county must then notify the individual of the incorrect payment using the attached notice NA 1217 for overpayments or NA 1218 for underpayments. Each overpayment notice must contain:

- The cause of the overpayment, the total amount of the overpayment and the month(s) it occurred;
- A monthly list of the amounts that were paid and that should have been paid for all months of incorrect payment;
- A request for refund for the full amount of the overpayment;
- A proposed rate of recovery equal to 10 percent of the applicable CAPI payment standard (when the person continues to receive CAPI payments);
- The date that overpayment recovery will be initiated, which can be no earlier than 30 days after the date of the letter;
- The right of the individual to request an appeal of the existence or the amount of an overpayment and/or to request a waiver of overpayment collection; and
- How to request a waiver and/or appeal.

Each underpayment notice must contain:

- The cause of the underpayment, the total amount of the underpayment and the months involved;
- A monthly list of the amounts that were paid and that should have been paid for all months of incorrect payment;
- The right of the individual to request an appeal of the underpayment amount; and
- How to request an appeal.

### *Administrative Finality*

### 2-Year Rule

Prior determinations of eligibility and payment amounts can be revised (and over- or underpayments created) within 2 years prior to the date that the county:

- Receives new and material evidence;
- Determines a clerical error has been made; or
- Determines there is an error on the face of the evidence.

### 1-Year Rule

Prior determinations of eligibility and payment amounts can be revised (and over- or underpayments created) within 1 year of discovery of the erroneous payment amount for any reason, such as a change of a policy or legal interpretation upon which the initial determination was made.

### Indefinite

Prior determinations of eligibility and payment amounts can be revised (and over- or underpayments created) at any time if there is fraud or similar fault on the part of any person.

### *Fraud and Similar Fault*

Fraud exists when any person knowingly, willfully and with intent to defraud makes or causes a false statement to be made, or conceals or misrepresents a fact – either of which is material to eligibility or payment amount. The person need not be the claimant or anyone who is either related to, or acting on behalf of the claimant.

The county has sole responsibility for determining and investigating fraud and forgery to obtain CAPI payments. Consortia must provide technical support and assistance to the county investigating potential fraud, and are responsible for imposing any applicable administrative penalties. The county or consortium must identify suspected fraud cases, and refer the case to the appropriate county agency to determine if actual fraud exists, and take appropriate action as necessary. The county can claim the costs of investigators and other fraud-related administrative expenses for CAPI cases with suspected fraud through the normal claiming procedures.

Similar fault exists when any person knowingly makes (or causes to be made) an incorrect or incomplete statement or knowingly conceals information that is material to eligibility or payment amount, but intent to defraud is not required. The person need not be the claimant or anyone who is either related to, or acting on behalf of the claimant.

### *Recovery*

Recovery of overpayments can be accomplished through refund, adjustment of payments or installment payments.

A full refund is always the preferred repayment method. If a full refund is not made, payment adjustment must be used when the overpaid person is receiving benefits and recovery has not been waived. Payment adjustment means the person's CAPI grant will be reduced by the repayment amount to recover the overpayment. The standard repayment amount (payment adjustment) is 10 percent of the CAPI payment standard associated with the overpaid person's living arrangement. For example, the payment adjustment rate for an overpaid aged individual living independently (in 2000) would be \$68.20 (10% of \$682). The individual can request a higher or lower rate of recovery than the standard rate of 10 percent.

The county may approve a lower rate of withholding if the overpayment will be recovered in full within 36 months, or if the person could not meet his or her ordinary and necessary living expenses if the higher rate of adjustment is applied. The county must complete a Form SOC 807 to assist in the latter determination. The rate of adjustment should be set at a rate that is appropriate for the financial situation of the individual. A rate should be determined that allows the individual to meet his or her current necessary and ordinary living expenses. Counties must try to negotiate a recovery rate that will complete recovery within 12 months, and barring that, within 36 months. These same guidelines apply to recovery by installment payments if the overpaid person no longer receives CAPI.

For overpaid persons no longer receiving CAPI, the county must:

- Send the appropriate overpayment notice;
- If the person does not respond within 30 days of the initial notice, or the overpayment notice is returned as undeliverable, or the person is more than 30 days late on an installment payment, refer the case to the appropriate county or consortium official for action on the debt collection.

Discontinued CAPI cases should still be referred for fraud investigation when appropriate. Recovery of any uncollected overpayment must be initiated if the person's CAPI benefits are reinstated.

Counties must use any underpayment detected subsequent to an overpayment determination to offset the overpayment balance due, provided that the individual has received an initial overpayment notice.

## **WAIVER**

An overpaid person may request an overpayment recovery waiver at any time after receiving the initial overpayment notice. Suspend overpayment recovery while the county's decision on the waiver request is pending.

Recovery of a CAPI overpayment can be waived if the overpaid person is without fault in connection with causing or accepting the overpayment, and recovery or adjustment would:

- Defeat the purpose of CAPI; or
- Be against equity and good conscience; or
- Impede effective or efficient administration of CAPI because of the small amount involved. (See below for a more detailed explanation of these provisions.)

### *Without Fault*

In determining if an individual is without fault, the county must consider all available evidence and pertinent circumstances surrounding the overpayment in the particular

case. In making the “without fault” determination the county must consider whether the individual:

- Understood the cause of the overpayment at the time it occurred;
- Understood the reporting requirements;
- Agreed to report events affecting payments;
- Was aware of events that should have been reported;
- Attempted to comply with the reporting requirements;
- Had the ability and opportunity to comply with the reporting requirements; and
- Understood the obligation to return payments that were not due.

In considering the factors mentioned above, the county will take into account the person’s age, comprehension, and any physical, mental, educational, or linguistic limitations (including any lack of facility with the English language). Efforts made or failure to have instructed the individual about reporting responsibilities and program eligibility rules in his or her native language must also be considered.

If the person reported a change timely (within 10 days), presume “without fault” for any overpayment that occurred prior to the county receiving the report. However, if incorrect payments continue, the county can establish fault if the person accepts payments he or she knew were incorrect.

A person must be found to be “without fault” when the county establishes that the individual failed to report a change because of misinformation from an official source, such as a state or county employee.

Administrative error does not relieve the person of responsibility for repayment when the person knew or should have known the payment was incorrect. For example, the county could find a person at fault for continuing to accept checks after being told the payments were erroneous, but which the county was unable to stop in a timely manner.

When the sole cause of the overpayment was excess resources of \$50 or less, find the individual without fault in causing the overpayment and waive recovery of the overpayment regardless of whether the person requests a waiver or not, unless the individual willfully and knowingly failed to report the value of the resources accurately and timely. There is a willful and knowing failure to report when the evidence clearly shows the individual was fully aware of the eligibility requirements and the excess resources and chose to conceal them.

#### EXAMPLE:

Mrs. Lang declared a checking and savings account with a combined value of \$1,800 on her initial application in 1999. It was later discovered that she had countable resources as follows:

January 2000	\$2,035
February 2000	\$2,055
March 2000	\$2,045

The county must waive recovery of the overpayments for January and March 2000, unless the individual willfully and knowingly failed to report the value of the resources accurately and timely. Pursue recovery of the overpayment for February 2000 because the excess resources are over the \$50 limit for that month. If Mrs. Lang had not declared the accounts on her initial application, that would have indicated that she knowingly tried to conceal the resources, and none of the overpayment could be waived automatically.

For overpayments caused by excess resources of over \$50, counties must determine the individual to be without fault, unless the individual willfully and knowingly failed to report the excess resources accurately and timely. Following a determination of “without fault”:

- Subtract the applicable resource limit from the greatest countable resource amount during the overpayment period,
- Recover the lesser of the difference or the overpayment
- Waive recovery of any amount in excess of the difference as being against “equity and good conscience.” (See below for a more detailed explanation of these provisions.)

#### EXAMPLE:

It is discovered during a June 2000 redetermination that the cash surrender value of Mr. Lee’s life insurance policy (his only countable resource) has increased to \$2900. The policy’s cash value was \$1900 when he declared the policy in his December 1998 application. It had increased to \$2,400 effective March 15, 1999. Mr. Lee was overpaid a total of \$10,086 for the period April 1999 through June 2000. However, \$9,186 of the overpayment will be waived; only \$900 will be recovered, which is the amount over the \$2,000 resource limit.

#### *Indications of Fault*

Although the findings depend on all the circumstances of a particular case, an individual will normally be found to be at fault in connection with an overpayment when the incorrect payment resulted from one of the following:

- Failure by the individual to furnish information the individual knew or should have known was material,
- An incorrect statement by the individual which he or she knew or should have known was incorrect,
- The individual did not return a payment which he or she knew or could have been expected to know was incorrect,
- The individual received and negotiated duplicate payments for the same period, or
- Similar overpayments have occurred in the past for the same individual.

### *Defeat the Purpose of CAPI*

“Defeat the purpose of CAPI” is deemed to be met by any overpaid person who is still receiving CAPI or SSI/SSP and does not have earned income in excess of \$65 per month. However, recovery will not defeat the purpose when the overpaid individual has any of the incorrectly paid checks, or identifiable proceeds from those checks, in his or her possession. For “Defeat the Purpose” to apply in any other case (e.g., when the person is no longer receiving CAPI or SSI/SSP), the county must determine that:

- The individual needs substantially all current income to meet current and necessary living expenses, and
- Recovery would reduce the total resources below \$3,000 for a person with no dependents or \$5,000 for a person with one dependent (allow an additional \$600 for each additional dependent).

### *Against Equity and Good Conscience*

Adjustment or recovery is considered to be “against equity and good conscience” if an individual changed his position for the worse or relinquished a valuable right because of reliance upon a notice that payment would be made or because of the incorrect payment itself.

#### EXAMPLE:

An individual fails to take advantage of a private organization or charity, relying instead on the award of CAPI benefits. It was subsequently found that the CAPI benefits were improperly paid. Recovery would be against equity and good conscience if the person were also found to be “without fault.”

### *Impede Effective or Efficient Administration*

Waive total overpayment amounts from \$.01 to \$30.00 without further action. The individual is presumed without fault, because recovery would impede effective or efficient administration.

### *County Responsibilities*

If the overpaid person indicates he or she wants to request a waiver, the county must provide Form SOC 807A to the individual for completion, providing assistance when necessary. The county must also obtain form SOC 807 when the individual is not receiving CAPI or SSI/SSP, or has earnings over \$65 per month. These forms will be used as the basis for the county’s decision to waive recovery of all or part of the overpayment.

If the county approves the waiver request, the county must document the file, send a notice to the overpaid person and re-issue any money previously withheld that is covered by the waiver determination.



If the county denies the waiver request, the county must issue a waiver denial notice and resume collection of the overpayment in question.

Any overpaid funds that are recovered, by refund or payment adjustment, must be reported as "Recoveries of Aid – Other" on line 9 of the monthly reimbursement claim form CA 44.

## **OVERPAYMENT DATA COLLECTION**

Counties or consortia are required, even if the State issues CAPI payments on their behalf, to track and report overpayment data for the CAPI program effective with the date of this letter. The Data Systems and Survey Design Bureau will distribute a form to counties in the near future, which the counties must use for making quarterly reports on CAPI overpayments. When processing CAPI overpayments, counties must keep track of the following information so that it can be reported on the quarterly report forms. Unless otherwise noted, counties must track both the number of overpayment cases (overpayment notices sent) and the dollar amounts associated with each overpayment or collection for:

- New overpayment notices sent
- Previously counted overpayment cases transferred to or from another county
- Overpayments waived
- Overpayments not pursued
- Overpayments fully recovered (number of cases only)
- Overpayment recovery, broken down by Cash collections, Grant reductions, and Underpayment offset of an existing overpayment.

If you have any questions about this letter, please contact your policy analyst in the Adult Programs Management Bureau at (916) 229-4000.

Sincerely,

*Original Signed By  
Donna L. Mandelstam on 10/17/00*

**DONNA L. MANDELSTAM**  
Deputy Director  
Disability and Adult Programs Division

Attachments

# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## Cash Assistance Program For Immigrants Notice of Overpayment

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ADDRESSEE)

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

We have paid you \$ \_\_\_\_\_ too much Cash Assistance Program for Immigrants (CAPI) benefits. The overpayment happened from \_\_\_\_\_ through \_\_\_\_\_. You were overpaid because:  
(MONTH/YEAR) (MONTH/YEAR)

The following table shows the incorrect amount you received, the correct amount you should have received for each month, and the total amount to be repaid.

Month(s)/Year	Amount Paid Each Month	Correct Amount Each Month	Underpaid Amount	Overpaid Amount

Total amount of overpayment \$ \_\_\_\_\_

You must pay us back unless we decide that recovery of your overpayment can be waived. If you think you should not have to pay us back or you disagree with the decision about the overpayment, you can ask for a waiver, a hearing, or both.

### Repaying The Overpayment

There are two ways to repay the overpayment:

1. You can refund the full amount. Contact your worker to find out how.
2. If you are receiving CAPI now, or will receive CAPI in the future, we can withhold no more than 10 percent of your total income from your monthly CAPI check.

If you are still receiving CAPI, and we do not hear from you in the next 30 days, we will withhold \$ \_\_\_\_\_ per month from your check beginning \_\_\_\_\_. If you ask for a waiver or appeal in the next 30 days, we won't change your check until we decide your case.

### If You Think You Should Not Have To Repay The Overpayment

Sometimes recovery of an overpayment can be waived, which means that you will not have to pay us back. Recovery of an overpayment can be waived if BOTH of the following are true:

- You were not at fault in connection with causing or accepting the overpayment  
AND
- You could not pay your bills for food, clothing, housing, medical care, or other necessary expenses if you had to pay us back.

You can request a waiver by contacting your county worker who will send you the proper forms to fill out and return, or help you complete the forms.

**Medi-Cal:** This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

**Rules:** These rules apply; you may review them at your welfare office: MPP 49-001 through 49-070.

## YOUR HEARING RIGHTS

**You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**

**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

**OR**

- **Call toll free: 1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349.**

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

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# NOTICE OF ACTION

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

## Cash Assistance Program For Immigrants Notice of Underpayment

(ADDRESSEE)

Notice Date : \_\_\_\_\_  
Case Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Worker Name : \_\_\_\_\_  
Number : \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a hearing. The back of this page tells you how. Your benefits may not be changed if you ask for a hearing before this action takes place.

We underpaid you \$ \_\_\_\_\_ in Cash Assistance Program for Immigrants (CAPI) benefits. The underpayment happened from \_\_\_\_\_ through \_\_\_\_\_. You were underpaid because:  
(MONTH/YEAR) (MONTH/YEAR)

The following table shows the incorrect amount you received, the correct amount you should have received for each month, and the total amount owed to you.

Month(s)/Year	Amount Paid Each Month	Correct Amount Each Month	Underpaid Amount	Overpaid Amount

Total amount of underpayment: \$ \_\_\_\_\_

We will send you a check to repay you the CAPI benefits we owe you for the amount and the period shown above. Contact your worker if you do not receive the check within two weeks.

**Medi-Cal:** This notice does NOT change or stop Medi-Cal benefits. If there is a change in your Medi-Cal benefits, you will receive another notice. **Keep your plastic Benefits Identification Card(s).**

**Rules:** These rules apply; you may review them at your welfare office: MPP 49-001 through 49-070.

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- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
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- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

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**OR**

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☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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NAME OF PERSON COMPLETING THIS FORM

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NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

# CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) REQUEST FOR WAIVER OF OVERPAYMENT RECOVERY - INCOME/EXPENSES

NAME OF OVERPAID PERSON	SOCIAL SECURITY NUMBER
-------------------------	------------------------

1. Did you lend or give away any property or cash after notification of the overpayment? ..... ☐ YES ☐ NO  
If Yes, how much? \_\_\_\_\_

2. List all dependents who live with you.


3. How much money do you have available in each of the following items? (Include any account on which your name appears either in the U.S. or another country.)

CASH \$	SAVINGS ACCOUNT \$	CHECKING ACCOUNT \$	STOCKS/BONDS \$
MONEY OR MUTUAL FUNDS \$	TRUST FUNDS \$	CERTIFICATES OF DEPOSIT (CD) \$	OTHER \$

4. Do you own more than one motor vehicle? ..... ☐ YES ☐ NO  
If Yes, describe below:

YEAR, MAKE/MODEL	PRESENT VALUE	LOAN BALANCE
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5. Do you own any real estate (buildings or land) other than where you live? ..... ☐ YES ☐ NO  
If Yes, describe below:

PRESENT VALUE \$	LOAN BALANCE \$	HOW IS IT USED?
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6. Show <b>monthly</b> income that you and your spouse receive:	YOURS	SPOUSE'S
Wages or Self Employment earnings (Gross)	\$	\$
Wages or Self Employment earnings (Net)	\$	\$
Social Security Benefits	\$	\$
SSI or other Public Assistance	\$	\$
Food Stamps (Full face value)	\$	\$
Rental income	\$	\$
Child Support/Alimony	\$	\$
Other	\$	\$
<b>Total Income</b>	<b>\$</b>	<b>\$</b>

7. Show <b>monthly</b> household expenses			
Rent or Mortgage	\$	Food	\$
Utilities (gas, electric, telephone)	\$	Water, sewer, garbage	\$
Clothing	\$	Insurance	\$
Medical expenses (Not covered by Medi-Cal or other insurance)	\$	Car or other transportation	\$
Loan payments (minimal amounts)	\$	Support to someone not in household	\$
<b>Total expenses</b>		<b>\$</b>	

I declare under penalty of perjury under the laws of the State of California that the answers I have given are correct and true to the best of my knowledge.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE
RESIDENCE ADDRESS:	PHONE NUMBER
CITY	STATE      ZIP CODE

# CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI) REQUEST FOR WAIVER OF OVERPAYMENT RECOVERY - WITHOUT FAULT

NAME OF OVERPAID PERSON

SOCIAL SECURITY NUMBER

1. Do you believe the overpayment was not your fault and you cannot afford to pay the money back and/or it is unfair for some other reason? ..... ☐ YES ☐ NO

2.A. Why did you think you were due the overpaid money? \_\_\_\_\_

B. Why do you think you were not at fault in causing the overpayment or accepting the money? \_\_\_\_\_

3.A. Did you tell us about the change or event that made you overpaid? ..... ☐ YES ☐ NO  
If No, why didn't you tell us? \_\_\_\_\_

B. If Yes, how, when, and where did you tell us? If you told us by phone or in person, who did you talk with and what was said? \_\_\_\_\_

C. If you did not hear from us after your report, and/or your benefits did not change, did you contact us again? ..... ☐ YES ☐ NO

4. Have you been overpaid on CAPI before? ..... ☐ YES ☐ NO  
If Yes, why were you overpaid before? If the reasons for your previous and current overpayments are similar, explain what you did to try to prevent the present overpayment.

5.A. Do you have any of the overpaid checks or money in your possession (including in a savings or any other type of account)? ..... ☐ YES ☐ NO  
If Yes, return the amount in your possession to your county welfare department.

B. Did you have any of the overpaid checks, or their proceeds, in your possession at the time you received the overpayment notice? ..... ☐ YES ☐ NO  
If Yes, explain why you believe you should not have to return this amount.

6. Are you now receiving CAPI, SSI, or other public assistance? ..... ☐ YES ☐ NO  
If Yes, what type? \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the answers I have given are correct and true to the best of my knowledge.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

DATE

RESIDENCE ADDRESS:

PHONE NUMBER

CITY

STATE

ZIP CODE